

**TIPPECANOE COUNTY HEALTH DEPARTMENT**

Michael D. Bohlin, M.D.

20 North Third Street

Lafayette, Indiana 47901

765-423-9221 (phone) 765-423-9154 (fax)

**Tippecanoe County Farmer's Market Application**

Tippecanoe County Ordinance 2007-20 CM

**Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure.**

Booth/Establishment's Name\_\_\_\_\_

**Commissary's Information**

**(Include a letter of permission on company letterhead.)**

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)

\_\_\_\_\_

**Owner's Information**

Owner's Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)

\_\_\_\_\_

LIST THE FOOD BEING SOLD:\_\_\_\_\_

\_\_\_\_\_

LIST MARKETS YOU WILL BE PARTICIPATING IN: \_\_\_\_\_

PLEASE CIRCLE WHERE THE PERMIT IS TO BE MAILED:

OWNER

OTHER

Please list address if OTHER is circled:\_\_\_\_\_

FARMER'S MARKET FEE: \$25.00

NON-PROFIT EXEMPT (NO FEE)

ALREADY PERMITTED BY TIPPECANOE COUNTY HEALTH DEPARTMENT? NO/YES PERMIT NUMBER \_\_\_\_\_

INCLUDE A PHOTO COPY OF YOUR PERMIT. NO FARMER'S MARKET FEE HAS TO BE PAID IF ALREADY PERMITTED BY TIPPECANOE COUNTY HEALTH DEPARTMENT.

TOTAL FEE DUE: \_\$\_\_\_\_\_

Signature:\_\_\_\_\_Date:\_\_\_\_\_

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**Tippecanoe County Food Service Establishment Application**

Tippecanoe County Ordinance 2007-20 CM defines a food service establishment as any place where food is prepared and intended for individual portion serviced, including the site at which individual portions are provided.

**Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure.**

Establishment's Name\_\_\_\_\_

Owner's Name\_\_\_\_\_

*Must be different than the Establishment Address*

Address\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

PLEASE CIRCLE WHERE THE RENEWAL APPLICATION IS TO BE MAILED: ESTABLISHMENT      OWNER      OTHER

Please list address if OTHER is circled:\_\_\_\_\_

PLEASE CIRCLE WHERE THE PERMIT IS TO BE MAILED:      ESTABLISHMENT      OWNER      OTHER

Please list address if OTHER is circled:\_\_\_\_\_

**PROCESSING FEE** Applies only to new establishments or when a change of ownership has occurred.

☐ New Establishment  
☐ Change of Ownership } \$25.00

**ANNUAL FEE SCHEDULE** Each establishment, new or existing, must pay an annual fee.

1 – 5 Employees: \$125.00

6 - 9 Employees: \$175.00

Non-Profit: No Fee

10 – 40 Employees: \$275.00

41 + Employees: \$375.00

Late Fee: 125 % of Renewal Fee

\*\* 2 part-time employees = 1 full-time employee

(A late fee is assessed if the permit is renewed after the last day of the renewal month and includes the annual fee)

Processing Fee: \$\_\_\_\_\_

If applicable

Late Fee: \$\_\_\_\_\_

If applicable

**Annual Fee:** \$\_\_\_\_\_

**TOTAL AMOUNT DUE:** \$\_\_\_\_\_

Signature:\_\_\_\_\_Date:\_\_\_\_\_

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**Tippecanoe County Mobile Food Service Establishment Application**

Tippecanoe County Ordinance 2007-20 CM defines a mobile food service establishment as an establishment with or without a fixed location that is capable of being readily moved intact from a location, where food is intended for human consumption outside the facility. .

**Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure.**

Establishment's Name\_\_\_\_\_

Owner's Name\_\_\_\_\_

*Must be different than the Establishment Address*

Address\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

LICENSE PLATE NUMBER:\_\_\_\_\_

PLEASE CIRCLE WHERE THE RENEWAL APPLICATION IS TO BE MAILED: ESTABLISHMENT OWNER OTHER

Please list address if OTHER is circled:\_\_\_\_\_

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Please list address if OTHER is circled:\_\_\_\_\_

MOBILE FOOD SERVICE FEE: \$75.00 PER UNIT

TOTAL NUMBER OF UNITS? \_\_\_\_\_

NON-PROFIT EXEMPT (NO FEE)

LATE FEE (1 25% OF MOBILE FOOD SERVICE FEE WHICH INCLUDES THE ANNUAL FEE)

TOTAL AMOUNT DUE FOR ALL UNITS: \_\$\_\_\_\_\_

LATE FEE (IF APPLICABLE): \_\$\_\_\_\_\_

TOTAL FEE DUE: \_\$\_\_\_\_\_

Signature:\_\_\_\_\_Date:\_\_\_\_\_

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**Tippecanoe County Plan Review Application Fee**

You are required to complete this fee application and the attached plan review application packet in their entirety to begin the plan review process.

The plan review fee must be paid prior to any review of your plans and/or any consultations regarding new food service establishments.

**The fee associated with this application is non refundable.**

Failure to complete this application in its' ENTIRETY may delay the opening of your food service establishment.

Establishment's Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Owner's Name\_\_\_\_\_

*Must be different than the Establishment Address*

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Plan Review Fee Schedule: The plan review fee is based off the square footage of your establishment.

0 – 100 sq.ft.	\$75.00
101 – 1,000 sq.ft.	\$125.00
1,001 – 3,000 sq.ft.	\$175.00
3001 – 10,000 sq.ft.	\$225.00
10,001 – 30,000 sq.ft.	\$275.00
30,001 – 50,000 sq.ft.	\$325.00
50,001sq.ft. and up	\$375.00

Establishment's total  
Square Footage:

\_\_\_\_\_sq.ft.

**Total Amount Due: \$**\_\_\_\_\_

Please Make Checks Payable to Tippecanoe County Health Department

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

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**Tippecanoe County Retail Food Market Establishment Application**

Tippecanoe County Ordinance 2007-20 CM defines a retail food market establishment as any food establishment where food intended for human consumption off the premises is sold.

**Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure**

Establishment's Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Owner's Name\_\_\_\_\_

*Must be different than the Establishment Address*

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_Zip\_\_\_\_\_

Telephone\_\_\_\_\_

E-mail\_\_\_\_\_

**Contact Person's Name**\_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

PLEASE CIRCLE WHERE THE RENEWAL APPLICATION IS TO BE MAILED: ESTABLISHMENT OWNER OTHER

Please list address if OTHER is circled:\_\_\_\_\_

PLEASE CIRCLE WHERE THE PERMIT IS TO BE MAILED: ESTABLISHMENT OWNER OTHER

Please list address if OTHER is circled:\_\_\_\_\_

**PROCESSING FEE** Applies only to new establishments or when a change of ownership has occurred.

☐ New Establishment  
☐ Change of Ownership } \$25.00

**ANNUAL FEE SCHEDULE** Each establishment, new or existing, must pay an annual fee.

☐ 0 -100 sq. ft.: \$62.50 ☐ 101 sq.ft. - 3,000 sq.ft: \$125.00 ☐ 3,001 – 30,000 sq.ft: ☐ \$175.00

30,001 - 40,000 sq.ft: \$275.00 ☐ 40,001 - 60,000 sq.ft: \$375.00 ☐ 60,001 sq.ft. and over: \$575.00

☐ Late Fee: 125 % of Renewal Fee

(A late fee is assessed if the permit is renewed after the last day of the renewal month and includes the annual fee)

Processing Fee: \$\_\_\_\_\_

If applicable

Late Fee: \$\_\_\_\_\_

If applicable

**Annual Fee:** \$\_\_\_\_\_

**TOTAL AMOUNT DUE:** \$\_\_\_\_\_

Signature:\_\_\_\_\_Date:\_\_\_\_\_

**TIPPECANOE COUNTY HEALTH DEPARTMENT**

Michael D. Bohlin M.D.  
20 North 3<sup>rd</sup> Street  
Lafayette, Indiana 47901  
Phone: 765-423-9221 Fax: 765-423-9154

## TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION

Tippecanoe County Ordinance 2007-20-CM defines any food service, retail food service, or mobile food service establishment that operates at one location for a period of time not to exceed 14 consecutive days as a temporary food establishment.

### Please complete the following in its' ENTIRETY

Establishment Name: \_\_\_\_\_  
Name of Event or Operation: \_\_\_\_\_  
Location of the Event \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Owners Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

A separate permit is required for each unit that operates, and is subject to the following:

Fee Schedule:

1-3 Days: (consecutive) \$20.00

Each Additional Day \$5.00

Not-for-Profit Exempt - No Fee - Tax ID Number: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Time of Set Up: \_\_\_\_\_

Total Number of Days: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_

Total Fee Due: \_\_\_\_\_  
(make check payable to Tippecanoe County Health Department)

Check the one that applies to your facility:

Sewage Disposal

Public \_\_\_\_\_

Private (septic) \_\_\_\_\_

Water Supply

Bottled \_\_\_\_\_

Public \_\_\_\_\_

Private (well) \_\_\_\_\_

must submit satisfactory water sample 30  
days prior to operation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tippecanoe County Food Vending Machine Operators Permit Application

Tippecanoe County Ordinance 2007-20 CM states that any vending machine that dispenses potentially hazardous food must be permitted.

**Please Complete the Following in its' ENTIRETY.**

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact Person #1: \_\_\_\_\_  
Contact Person #2: \_\_\_\_\_  
Corresponding & Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Processing Fee (Check all that apply)

- ☐ New Vending Machine Operator  
☐ Renewal  
☐ Late Fee (125% of annual permit fee)

A late fee is assessed if the permit is renewed after the last day of the renewal month & includes the annual fee.

### Annual Fee Schedule (Your annual fee is based on the number of machines)

Number of Vending Machines:

- |   |          |
|---|----------|
| <input type="checkbox"/> 1 to 20 Machines     | \$100.00 |
| <input type="checkbox"/> 21 to 50 Machines    | \$150.00 |
| <input type="checkbox"/> 51 to 100 Machines   | \$175.00 |
| <input type="checkbox"/> 101 to 200 Machines  | \$220.00 |
| <input type="checkbox"/> 201 to 300 Machines  | \$325.00 |
| <input type="checkbox"/> 301 or more Machines | \$425.00 |

Processing Fee\$_____ (if applicable)
Annual Fee: \$_____
Late Fee: \$_____ (if applicable)
Total Amount Due: \$_____

**Please attach list of all vending machines and their locations.**